Name in Full: Ann Scott Barnes

CERTIFICATE OF DEATH

36

MARYLAND

Died at: Town: Island Creek; County: Calvert

Date of death 190 4	Month: 1	Day: 6	Age — Years: 0	Months: 0	Days: 1/2

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male	Color or Race: Colored	Birthplace: Island Creek	
Occupation: —	Where Residing if not at place of death: —		
Married, Single or Widowed: Single	Name of Wife or Husband: —		
Father's Name: Benjamin B Barnes		Father's Birthplace: Island Creek	
Mother's Maiden Name: Fannie Aldridge		Mother's Birthplace: " "	
Name of person giving In formation: B. B Barnes		How related to deceased: 1	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: John J Brooks
Accident or Suicide?	Address: [redacted]

LIBRARY BUREAU A88816

Name in Full: Louisa Gault

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntingtown — County: Calvert

Date of death: Month: Jan — Day: 29 — Year: 1904 — Age: Years: 65 — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Cal. Co.

Occupation: Wife — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: John Gordy

Father's Name: Patrick Gault — Father's Birthplace: Cal. Co.

Mother's Maiden Name: Rachel Gault 79 — Mother's Birthplace: " "

Name of person giving information: Willie Innes — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Mitral Insufficiency — How long:

Immediate: Depression Collapse — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. W. Veitch

Address: Huntingtown

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Herbard Issay

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mutual County: Calvert

Date of death: Month: Jan Day: 8 1904

Age: Years: 7 Months: Days:

Sex: Color or Race: Colord Birthplace: Baltimore

Occupation: Where Residing if not at place of death: Calvert Co

Married, Single or Widowed: Name of Wife or Husband:

Father's Name: Alex Issay Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Jackson Mother's Birthplace: Calvert Co

Name of person giving Information: Mollie Jackson How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dropsy How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John D. Brooke

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Randolph Harris

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Chaneyville — County: Calvert

Date of death: Month: Jan — Day: 12 — 1904

Age: Years — Months: 16 — Days:

Sex: Male — Color or Race: Colored — Birthplace: Baltimore

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Frank Harris 93. — Father's Birthplace: Baltimore

Mother's Maiden Name: Cora — Mother's Birthplace: Baltimore

Name of person giving Imformation: Frank Watkins — How related to deceased: Cousin

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Double Pneumonia — How long: Several Days

Immediate: Heart failure — How long:

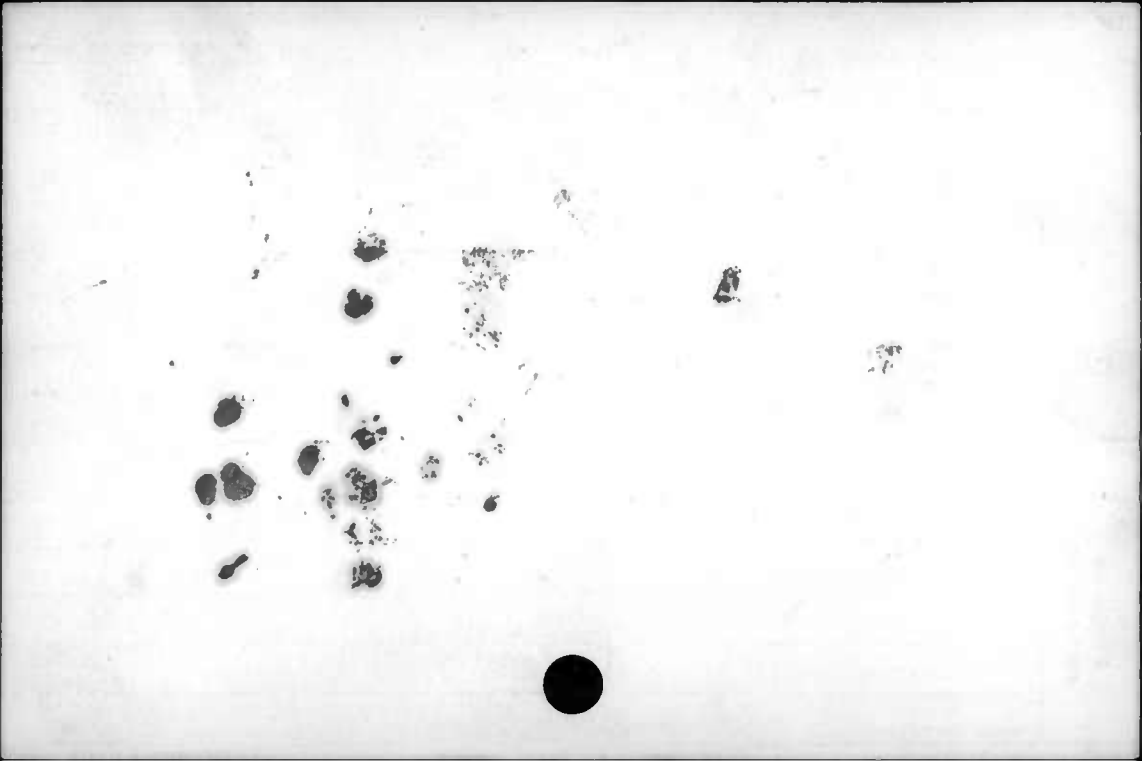
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Brayshaw

Address: Friendship

Accident or Suicide?

LIBRARY BUREAU A88316



Name in Full: Missouri Emerson Martin

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Solomons; County: Calvert

Date of death 1904: Month: Jany.; Day: 4

Age: Years: 28; Months: 1; Days: 6

Sex: Female; Color or Race: White; Birthplace: Dorchester Co. Md.

Married, Single or Widowed: Married; Occupation: ——

Name of ~~Wife or~~ Husband: Thomas P. Martin.

Father's Name: Jesse Bramble. Father's Birthplace: Dorchester Co. Md.

Mother's Maiden Name: Frances A. Webb. Mother's Birthplace: Virginia

Name of person giving Information: Thomas P. Martin. How related to deceased: Husband.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs. How long: 2 years.

Immediate: Pulmonary Hemorrhage. How long: 4 days.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. K. Marshall M.D.

Address: Solomons Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A8851G

Name in Full: George Mason

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Huntt; County: Calvert

Date of death 1904	Month	Day	Age	Years	Months	Days
	1st	6		14		

Sex: Male

Color or Race: Colored

Birthplace: Calvert co

Married, Single or ~~Widowed~~: Single

Occupation: —

Name of Wife or Husband: —

Father's Name: Geo Anason

Father's Birthplace: St Marys

Mother's Maiden Name: Henrietta Tucker

Mother's Birthplace: Calvert co

Name of person giving information: Augustus Hutchins

How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Drowning — How long —

Immediate — How long —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos L. Tucker Undertaker

Address: Cove Point, Calvert co Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A88516

Name in Full Charles Harris Certificate of Death

Died at Town Barstow County Calvert MARYLAND

Date Jan 8 Month Day Age 70 Y. M. D. Native of Calvert Occupation Farmer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Elizabeth Harris

Wife

Father's Name Unknown Mother's Name Unknown

Cause of Death: Primary Gangrene How long sick two weeks

Immediate Exhaustion

~~Accident, Suicide, Homicide~~

Reported by Capt Paddy M.D.

Address Barstow Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Joseph Edward Parker

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rose — County: Calvert

Date of death 1904: Month: Jan — Day: 4 — Age: Years: 19 — Months: 10 — Days: 4

Sex — Color or Race: dark — Birthplace: Calvert Co

~~Married~~, Single or ~~Widowed~~ — Occupation

Name of Wife or Husband

Father's Name: Wm Parker — Father's Birthplace: Calvert Co

Mother's Maiden Name: Martha Brown — Mother's Birthplace: Calvert Co

Name of person giving information: James I Brooks — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: By John I. Brooks

Address

~~Accident or Suicide~~? Reputed

LIBRARY BUREAU A88316

Name in Full: Jno Pitcher Sr.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hillians — County: Calvert

Date of death 190 4: Month: Jany Day: 3 Year: Age 65 Months: 11 Days:

Sex: Male Color or Race: White Birth-place: Calvert Co Md

Married, Single or Widowed: Widower Occupation: Farmer.

Name of Wife or Husband: Dead

Father's Name: Jno Pitcher Fether's Birthplace: Calvert Co

Mother's Maiden Name: Dorothea Mount. Mother's Birthplace: Calvert Co

Name of person giving In formation: A. J. Hutchinson. How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: 1 weeks

Immediate: Pericarditis — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signeture of Physician: O Brien

Address: Hillians Md

Accident or Suicide?

LIBRARY BUREAU A68518

Name in Full: Amelia E Spriggs

CERTIFICATE OF DEATH 89

MARYLAND

Died at — Town: | County: Calvert

Date of death 1900 — Month: Jan | Day: 18

Age — Years: 63 | Months: | Days:

Sex: female

Color or Race:

Birthplace: Calvt Co

Occupation:

Where Residing if not at place of death: Calvt

Married, Single or Widowed.

Name of Wife or Husband: John F Barnes

Father's Name: Levi Spriggs

Father's Birthplace: Calvt Co

Mother's Maiden Name: Judy Dawson

Mother's Birthplace: Calvt Co

Name of person giving Information: H W Dawson

How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long: Sick 12 mo

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John J Brooks

Address:

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Julius Reid Ward

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chaneyville — (County) Calvert

Date of death 1904 — Month: Jan — Day: 20 — Age: Years 7 — Months 4 — Days 26

Sex: Male — Color or Race: White — Birthplace: Calvert Co.

~~Married~~, Single or ~~Widowed~~ — Occupation: ——

Name of Wife or Husband: ——

Father's Name: Julius B. Ward — Father's Birthplace: Calvert Co

Mother's Maiden Name: Verdi B. Hutchins — Mother's Birthplace: " "

Name of person giving information: Julius B. Ward — How related to deceased: Father.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diabetes Mellitus — How long: About 1 month

Immediate: Coma — How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. H. Hinman

Address: Lo. Marboro, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A8981G